

Running head: RESIDENTIAL TREATMENT TO PUBLIC SCHOOL

ASSISTING ADOLESCENTS TRANSITIONING FROM RESIDENTIAL TREATMENT TO
PUBLIC SCHOOL

By

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Abstract

This research project aims to aid residential treatment facilities and school personnel in recognizing the importance of transition planning, developing strategies to assist a successful transition from inpatient residential treatment centers to the students next school, while also taking into account adolescent perspectives on their needs during this transition. This paper introduces the importance of addressing education while in treatment and explores barriers to aftercare and current aftercare models using an ecological model to recognize how multiple systems interact in shaping the experiences of students. Included in this paper is a small pilot study of three students that attended a residential treatment program at the Boys and Girls Home of Alaska. It is important to note that since interviews were conducted, the Boys and Girls Home of Alaska no longer operates in the State of Alaska and is now under new ownership. The application resulting from this project is a presentation for both treatment and school staff.

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Assisting Adolescents Transitioning from Residential Treatment to Public School

Residential treatment centers for adolescents provide in-depth help for youth with serious emotional and behavior problems (American Academy of Child and Adolescent Psychiatry, 2016). These facilities provide live in health care and therapy for issues such as substance abuse, mental illness, or other behavioral problems. In 2006, approximately 200,000 adolescents lived in residential facilities for mental health, behavior concerns, and/or substance abuse (Trout et al., 2009). The National Alliance on Mental Illness (2013) estimates that private residential treatment facilities serve between 10,000 and 14,000 adolescents. Estimates may vary because of criteria used to define the number of residential programs and those served by them, but this provides a picture of the number of students affected by mental illness and thus the needs to explore this issue further.

Alaska's Department of Health and Social Services (DHSS) (2014) reported in 2013 that 44% of children in treatment received services for more than a year, and the majority of youth in treatment (37%) were likely to receive services for 6 to 12 months. These children may receive services for a variety of reasons. Of the 2,176 children (less than age 13) and 2,231 adolescents (ages 13-18) that entered treatment in Alaska in 2013, 74% entered for mental health concerns, 15% entered for substance abuse issues, and 12% for co-occurring disorders (Alaska DHSS, 2014).

Although education settings may differ from program to program, many offer educational services to adolescents in unison with treatment. Educational programs in residential treatment are often very different than public schools. For example, at the Boys and Girls Home of Alaska in Fairbanks the school is much smaller than the local schools, offers fewer class options, and limited extra-curricular activities. Gharabaghi (2011) noted that in Ontario, Canada, there are no

policies or standards related to formal education and licensing standards do not require the promotion of education as part of out of home group foster care programs. For example, almost no group care programs have learning components and requirements for schoolwork are only addressed within a one-hour quiet time in which students must engage in a constructive activity of their own. Gharabaghi (2011) further noted that there are no requirements for homework completion, communication with school personnel, or participation within the school community and that school performance is not typically tracked. However, a different program in Ontario, Canada followed a living and learning model in which students receive formal education by certified teachers and experience informal living and learning activities that focus on relationships between the students and caregivers. Students in this program have the opportunity to intern with local employers, become involved in various ways within their community, and experience a 16-hour-learning day. The philosophy of this program embraces the idea that living and learning are intertwined so the need for an education schedule is gone (Gharabaghi & Groskleg, 2010). Another study that interviewed parents regarding their perceptions of residential treatment indicated the residential school was a key element of their child's treatment. In general, they viewed the small class sizes, individual academic programs, and behavior management positively (Cameron, de Boer, Frensch, & Adams, 2003).

Little is known about the educational requirements and training for teachers and those involved in the education of students in residential treatment. At the Boys and Girls Home of Alaska teachers are required to hold a teaching certificate and receive continuing education, but are not trained mental health professionals. While in treatment education is addressed and a school like environment is offered, but is secondary to treatment. Students are often pulled from school for appointments, therapy, and meetings. This creates time away from their studies,

teachers, and peers. This idea of education being secondary to treatment may lower teacher expectations of students. This in turn can impact their entry into their next school when educational expectations are higher and less individual attention is given.

Adolescents transitioning from residential facilities back to traditional school settings are faced with a unique set of challenges (Casey et al., 2010) because of their diverse background, general lack of support and resources, and emotional and behavioral diagnosis (Gharabaghi, 2011). While trying to maintain progress gained in treatment they must reenter the community, social, and education settings once they have finished their program. Youth may struggle with relapse because in general, school transfers can contribute to a decline of academic progress and discontinuity of relationships with teachers and peers (Gasper, DeLuca, & Estacion, 2010), along with other adjustment issues (Engel, 2006).

Understanding school success is important because it may affect an individual's future, particularly since successful outcomes for adolescents correlate with their school performance. Adolescents who drop out of high school have lower life earnings than those who complete high school and are less likely to have stable employment (Campolieti, Fang, & Gunderson, 2010; Northeastern University Center for Labor Market Studies and Alternative Schools Network in Chicago, 2009). Adolescents who fail to complete high school are much more likely to experience poverty, unemployment, low paying jobs, run away if underage, and experience further legal issues (Casey et al., 2010). For example, high school dropouts are three times more likely to be unemployed than college graduates. Chances are also much higher that those who drop out of high school will be living in poverty compared to high school graduates (Bridgeland, Dilulio, & Morison, 2006).

Successful outcomes for adolescents are largely intertwined with their school performance. The literature that is available reveals educational outcomes of youth departing residential treatment are bleak. School achievement and satisfactory functioning tends to be very low for students after transitioning (Attar-Schwartz, 2009). One study that included 120 adolescents found that in a 6-month period following discharge from a residential treatment facility, 19% had been suspended and 5% had been expelled from school (Drais-Parrillo, 2005). This same study identified that 20% of students were not enrolled in school 6 months post discharge and 55% were not enrolled at the two-year follow-up. However, few studies have examined the education experiences of young people while they are in treatment and how this influences their ability to successfully transition into traditional school settings. Thus, the educational needs of adolescents need to be considered when they are being placed for treatment, throughout their time in the program, and during their transition back to traditional school settings.

The research question for this project is: What do adolescents say will assist in a successful transition from school in a residential treatment center to school in a public setting? This project will review existing literature on the topic and discuss the results from a small pilot study that interviewed three adolescents in a residential treatment center. The information was used to develop a PowerPoint presentation for educators to assist in highlighting the needs of this population.

Literature Review

This section will first review the theoretical framework and academics in residential treatment. Aftercare, barriers to aftercare, and aftercare models will then be discussed. Next, the

paper will include the results of a small pilot study, followed by a discussion on implementing student perspectives into transition planning.

Theoretical Framework

The theoretical basis of this project is grounded in ecological theory. Ecological theory of development stresses how interactions with others and the environment affect development. Ecological theory also considers how these environmental systems interact with each other (Bronfenbrenner, 1994).

Urie Bronfenbrenner (1994) describes five environmental or contextual systems that impact development. The microsystem involves the setting in which someone lives and the interactions with those closest to them, such as their family or peer group. The mesosystem is the interaction of two microsystem environments, such as the connection between a child's home and school. The exosystem is the setting in which someone has little direct contact with, but can impact development, such as a parent's workplace. The macrosystem is the larger cultural context, including issues of cultural values and expectations. Lastly, the chronosystem is the change someone experiences over time, either internally or with the external world. Each of these systems is defined by roles, norms, and relationships (Bronfenbrenner, 1994).

The lives of students who have experienced residential treatment reflect how the multiple systems have interacted over time. For example, a student may have very few expectations from parents or guardians at home, but experience pressure from school officials to get good grades and act appropriately. This disconnect on role expectations between the two systems can cause issues for adolescents. This theory supports the finding that family problems, the need for treatment, and school issues are interconnected (Gharabaghi, 2011). Enhancing the education outcomes and success of adolescents transitioning from residential schools back to traditional

school settings will require an approach that provides transition planning, parental and family involvement, and interactions between the student, their environment in the facility and their home community. In relation to youth, this model can help counselors and educators explore the various systems that can support the student in having a successful transition from residential treatment.

Academics After Residential Treatment

The literature discussing successful transition services for adolescents transitioning out of residential treatment is scant. The existing literature that does focus on outcomes after departure from residential treatment tends to focus on outcomes in relation to the adolescents functioning within their community, their family or adults in their new environment, their ability to successfully and practically apply coping mechanisms, and their success in staying out of the legal system (Korz & Tissue, 1998; Lee, Hwang, Socha, Pau, & Shaw, 2013; Leichtman & Leichtman, 2002; Nickerson, Colby, Brooks, Rickert, & Salamone, 2007; Ringle, Huefner, James, Pick, & Thompson, 2012). Other follow up studies have focused on educational outcomes (Casey et al., 2010; Frensch, Cameron, & Preyde, 2009; Preyde et al., 2011; Ringle, Ingram, & Thompson, 2010) but few have taken into account adolescent perspectives on their experience of school in the treatment setting and their perceptions on how the school could prepare them for discharge and successful integration into their new schools.

One study that did focus on adolescent fears associated with transitioning back to a traditional school setting found that many adolescents feared peers asking about their previous school and explaining why they were in treatment (Narendorf, Fedoravicius, McMillen, McNelly, & Robinson, 2012). They also expressed a fear of not making “normal” friends, peers

influencing them to make poor choices, getting along with parents and family, and being able to find employment

Subsequent studies focus on educational outcomes. Korz and Tissue (1993) interviewed 88 individuals 8 years after departure from a residential treatment program. Participants were between the ages of 5 and 15 when they entered the program, and had been in the program for a minimum of six months. Several participants had moderate to severe problems associated with the transfer and adjustment to a new school. They found 34% had dropped out of high school between the ages of 15 and 16, 23% had never been employed, 28% had few or no friends, and 26% had police records (Korz & Tissue, 1993).

Lyons, Terry, Martinovich, Peterson, and Bouska (2001) found that the overall functioning of 285 adolescents had not increased across multiple domains two years after departure from a residential treatment program, including in the area of education. In fact, it appears that residential treatment for these adolescents had unintended effects of anxiety and hyperactivity, both of which may impact the ability to effectively function in school (Lyons et al., 2001).

Another study aimed to look at arrest rates of 2,800 youth after out of home mental health treatment. Florida Medicaid claims data were used to identify children and adolescents in out of home mental health care from 2003 to 2007 in three different types of settings; therapeutic foster care, therapeutic group home, and statewide inpatient psychiatric program. Arrests were examined 6 months prior to treatment, during treatment, and 6 months after treatment. For those in therapeutic foster care, 14% were arrested during treatment and 14% were arrested after treatment. In therapeutic group homes 28% were arrested during treatment and 22% were arrested after treatment. During Statewide Inpatient Psychiatric Program 10% were arrested

during treatment and 17% were arrested after treatment. Overall, the study found that 40% of those included in the study were arrested, before, during, or after treatment (Robst, Armstrong, Dollard, & Rohrer, 2013).

In the Partnerships for Children and Families study (Cameron et al., 2003) 29 primary caregivers of children ages 5-12 and adolescents ages 12-15 who had been placed in residential treatment were interviewed to determine educational outcomes for their child or adolescent. Half of the caregivers for both age groups stated the educational success of students after departing treatment was low. Caregivers revealed their children had ongoing educational difficulties, frequent suspensions, acted out in the classroom, conflicted with teachers and peers, and failed classes (Boer, Cameron, & Frensch, 2007). Their engagement in the regular school system became increasingly difficult for themselves, parents, teachers, and the school (Cameron et al., 2003).

Research also supports that the educational needs of students are often not included in the initial assessment of students when being considered for admission to a residential treatment program. In fact, one study revealed that school is not even addressed until an adolescent is accepted (Gharabaghi, 2011). For example, in a survey of 148 principals from 42 states from a school program for adolescents in residential treatment, 91 indicated the responsibility of their school was to assist students in their work towards obtaining their diploma. However, only 23 stated they thought it was important to help students reintegrate into public schools after discharge and only 4 stated their role was to help facilitate transition to life after school. Of these schools, 81% were accredited by their state department of education and only 48% used state or local education curriculum (Gagnon, Van Loan, & Barber, 2011). In another study that analyzed data from the 2008 substance Abuse and Mental Health Administration Survey of Mental Health

Treatment Facilities and the 2009 Survey of Residential Treatment Facilities, it was found that in a total of 292 facilities providing out of home care for children and youth under the age of 17, only 67% conducted outcome monitoring after discharge and only 45% monitored outcomes focusing on education attainment or school performance. Facilities were less likely to collect outcome data as more time passed after discharge (Brown, Barrett, Ireys, Allen & Blau, 2011).

The Residential Treatment Center Evaluation Project was created to evaluate the services youth received while in a residential treatment facility (Pavkov, Negash, Lourie, & Hug, 2010). Researchers reviewed 80 cases amongst 26 facilities. In regards to education, researchers found several failures in the services provided. They found many residents were not given quality educational services. This was due to lack of planning and local agencies being uncooperative. Only 40% of residents had an educational plan, 35% of initial treatment plans did not reflect educational challenges, 26% lacked a current educational assessment, 60% lacked an educational plan, and 59% had collaboration between the local school district and residential treatment facility. Researchers also noted that because some of the facilities were not accredited, youth were not able to receive credit for the gains they made in education while in the facility. Furthermore, researchers noted youth were not included in the process when it came to discussing their educational goals.

Frensch et al. (2009) found that adolescents with delinquent behaviors at admission to a residential treatment program were almost four times more likely to not be in school at follow up. In fact, over half of the adolescents over the age of 16 were not in school at the 12-month follow-up of discharge from the program.

Several studies also looked at current residential treatment transition programs and services offered that have helped students engage in treatment, thus their education. Frensch et

al. (2009) suggest school programs that teach workplace behaviors, occupational skills, and career planning increases the relevance of education for students in residential treatment. For example, Leichtman and Leichtman (2002) found that participating in a two-week community job-training workshop designed to teach workplace skills helped students gain confidence about being able to work after they return home. This also increased their engagement in school. They also found that students who demonstrated the ability to appropriately participate in community activities appreciated the opportunity to participate in these activities and interact with peers. Exposing adolescents to community activities that are similar to those offered to traditional school students is critical in helping them develop realistic expectations of appropriate behavior that is expected from peers, teachers, coaches, and employers (Leichtman & Leichtman, 2002).

After Care

Planning aftercare services for adolescents leaving a residential treatment facility is important in preventing relapse and encouraging continuation of skills learned in treatment. However, only 20-30% of students needing additional support or mental health care are able to access services in the community (Grothaus, 2013). Aftercare services are defined as supports created to protect the gains made during out-of-home care and to prevent the need for additional out-of-home placements (Guterman, Hodges, Blythe, & Bronson, 1989), or a continuation of skills learned in treatment (Hair, 2005). This section will discuss adolescents receiving aftercare and how aftercare models have been successful when treating adults with substance abuse.

Results from one study of an aftercare model that provided support following departure from treatment found youth were three to five times more likely to stay in their home and school after receiving aftercare support compared to youth that did not receive aftercare services (Trout et al., 2013). Lee et al. (2013) conducted a study that showed adolescents who participated in a

year-long program that was designed to help them transition home to their families were less likely to have adjustment problems than those who did not go through the program.

Literature on the importance of aftercare for adults who have completed inpatient treatment for substance abuse also show the importance of continuing care after leaving the program. Research shows that individuals that participate in aftercare have longer time between relapses (Sannibale et al., 2003) and are less likely to be readmitted to a treatment facility (Moos & Moos, 2004).

One study looked at factors associated with greater aftercare participation for 367 adults who completed inpatient treatment for substance abuse between 2004 and 2007. This study showed that the longer participants engaged in treatment and the satisfaction they had with the treatment process were associated with lower levels of substance use at the 6-month follow-up (Arbour, Hambley, & Ho, 2011).

In another study, Schaefer, Conkrite, and Hu (2011) recruited 10 residential and 18 intensive outpatient Department of Veterans Affairs treatment programs with differing continuing care practices. The sample of 865 individuals involved in the study was divided into four subgroups. Two subgroups were based on psychiatric severity and two were based on patients' self reported substance use. The subgroups were created to see if these factors affected engagement in continuing care and abstinence outcomes. Schaefer et al. (2011) found that engagement in continuing care was the most important predictor of abstinence overall. The odds of abstinence increased 20% with each additional month of continuing care services and when staff implemented continuing care practices, patients participated in continuing care for a longer period of time.

When considering how the various systems in an adolescent's life interact to impact their progress and development, the information gleaned from substance abuse aftercare research should be considered. As stated above, satisfaction, engagement in treatment, and longer participation in aftercare services were important factors in abstinence. However, for adolescents, this will require the communication and cooperation of all the adults in their lives. This will include parents, case workers, community schools, residential schools, teachers, and therapists. Students should not be expected to buy into treatment and engage in the process and make gains if they are not included and considered in the process.

Barriers to Aftercare

Continuing care after residential treatment is important to aid adolescents as they transition to less restrictive settings. Upon discharge from treatment they are expected to reintegrate into less restrictive settings and back into schools while also trying to retain the gains they made during treatment. However, there are often barriers to reintegration and aftercare.

Continuity of the school experience may be an area adolescents experience difficulty when transitioning. In a study conducted by Nickerson et al. (2007) structured interviews were conducted with 63 individuals in a residential treatment center; 21 staff members, 21 parents or guardians, and 20 adolescents in the treatment program. Only 40 percent of staff members indicated they help adolescents keep in contact with people from schools to which they will be returning. Less than half of parents and adolescents stated that staff kept them in contact with the home school or provided information on community resources. A majority of parents reported that better coordination between the treatment center and home school would be helpful. This may include visiting the home school before transition and aligning the curriculum between the

two schools. Nickerson et al. (2007) also found that providers, parents, and adolescents thought that when preparing for transitions, more work with family was needed.

Another study evaluated a pilot program designed to unify children and adolescents in therapeutic foster care or residential treatment with mental and behavioral needs with their family in the community (Madden et al., 2012). This study aimed to discover caregiver and youth opinions of the transition and reunification process. Participants included 6 youth, 6 caregivers, and 11 caseworkers and pilot program staff. A total of 31 interviews were completed, with youth and caregivers interviewed 3 months and 6 months post-reunification. Results revealed youth and caregivers experienced several barriers during the reunification process. Barriers were grouped into three categories: system barriers, program-level barriers, and case-level barriers. System barriers included communication of the pilot program staff to the staff at residential treatment centers (RTC), finding well qualified service providers, and facilitating pre-unification contact. RTC staff were reluctant to give exact discharge dates or consider less traditional methods when discharging youth from residential care. Program level barriers included collaboration between caseworkers and pilot program staff and cultural competency. Caseworker work loads were often high and they tended to spend more time on the case once the youth was accepted into a program or did not understand their role during planning of after youth were reunified. Case level barriers included youth behaviors and caregiver ambivalence, assessing readiness for reunification, preparation for reunification, logistical issues, and financial insecurity. Five of the 6 youth in this study were successfully reunited with their caregiver and integrated within their communities. As cited in Madden et al. (2012), ongoing tracking of the outcomes of all youth involved shows that out of 18 cases, 50% of youth have had their cases

closed and have remained in their placement, while only 44% of children age 5-17 in foster care are reunified with their primary caregiver.

Aftercare Models

In this section several aftercare models will be reviewed. This will provide an overview of current programs, aftercare practices, and effectiveness.

The On the Way Home program was designed to address the transition needs of youth (grades 8-12) reintegrating into the home and community school settings following out-of-home treatment (Trout et al., 2013). In this study, 88 youth participated. 41 were in the control group and received the facilities traditional aftercare services. This included a departure planning meeting to review youth progress and concerns, working with the agency school and community school to release important documents, and the information for a free hotline designed to provide information on resources and ongoing crisis support. Those in the treatment group were assigned a family consultant and received up to 12 months of On the Way Home services. These services were created by integrating three interventions; Check and Connect, which is a dropout prevention program that is designed to check behaviors and facilitate communication between students, teachers, and parents; Common Sense Parenting, which is a program to improve family functioning through parent training; and a homework support strategy that aims to assist students in creating a workable schedule, environment, and access to other necessities as needed. Those in the treatment group were three times more likely to stay in school than the control group.

Aspects of the program described by Lee et al. (2013) included identifying the adolescents needs and strengths, engaging other public systems in anticipating transition services, and working with families and other supportive adults in the adolescent's life. An initial meeting takes place to identify an adolescent's fit for reunification with their family. If they are

not currently a fit, subsequent meetings are followed to identify barriers and brainstorm ways to overcome those barriers. Once an adolescent is eligible for placement with family or in a less restrictive setting, families work with professionals from the facility to develop a transition plan that includes how to access and utilize community resources (Lee et al., 2013).

Ringle, Thompson, and Way (2015) also identified family involvement as an important factor in aftercare services. Their approach combined out-of-home residential care with aftercare services. In their study there were 89 participants ages 10-18 that participated in a behavioral-focused residential program and family based in-home aftercare services. The residential program was a community-based, family style residential program, staffed by a married couple who cares for six to eight youth at a time in a family home. They focused on teaching positive interactions with peers and adults, specified motivation systems for managing positive and negative consequences, relationship building, self-control, self-government and moral and spiritual development. At intake to the program an in-home family consultant conducted a family assessment and began engaging families. Parents were asked to complete the Child Behavior Checklist, Alabama Parenting Questionnaire, and Peer Involvement Questionnaire. Youth and their families also had an opportunity to participate in a 12 month follow up interview. Two months prior to discharge families and youth worked together to form their reunification plan. The plan was specific to their family and continued for three months post-discharge. Results from this study showed that youth displayed decreased behavior problems and families practiced improved parenting skills after discharge. It was also reported youth engaged in more positive interactions with peers. At 12 months post-discharge these youth had a high rate of remaining arrest-free, were living in a homelike setting, and had either graduated or were attending school.

A study conducted in Calgary, Alberta outlined the stories of four young adults transitioning out of a residential treatment facility for 16-22 year olds into a less structured setting (McCallion, 2015). Participants revealed multiple placements and challenged residential treatment practices. However, their stories also illustrate positive growth and showed they had taken time to participate in activities that were meaningful to them and hoped to pursue careers in the helping fields. The author suggests that incorporating youth ideas into practice recommendations is a key element for future success in understanding how to leave residential treatment. Programs could be designed to include more spontaneity and emergence and that youth should be actively involved in every decision made through their time in care. This allows them to negotiate some of their own experience (McCallion, 2015).

In an effort to better understand the transition process from residential treatment to home, Hess, Bjorkland, Preece, and Mulitalo (2012) conducted 38 phone interviews across 17 different families with daughters that had experienced especially effective transitions. Through their interviews they identified 8 major themes that increased youth success after leaving residential care. The 8 themes are: having confidence in the groundwork that is already in place, being mindful of the tangible consequences of expectations, for better or worse—beginning with heavy anticipation and fear that one's child will deteriorate again, and on the positive end of expectations, fostering a new and deepened level of trust between parent and child, being realistic about the threats of the surrounding culture and society, settling on an accountability structure that works for one's family, cultivating an enriching atmosphere at home, showing willingness to make personal adjustments as parents, and holding out hope for a struggling youth to embrace lessons learned in treatment. Hess et al. (2012) found that daughters were at a higher risk of experiencing problems with the transition home if parents operate out of panic or

perfectionism. Transitional problems can be eased with trust and confidence. However, it was noted families that were prepared for the transition still experienced ups and downs.

Pilot Study

There has been research done on residential programs, their effectiveness, and program delivery. Still there is a gap of knowledge concerning the adolescent experience of school in residential treatment and their perspectives on supports to help them make a successful transition to their next school. To bridge this gap in the literature and attempt to assist students successfully transitioning out of residential treatment and back to a traditional school setting, this project includes a pilot study intended to gather adolescent perspectives on what they believe could help them transition to their next school.

Three students from an inpatient residential psychiatric treatment facility in Fairbanks, Alaska for boys and girls ages 12-18 were interviewed. The interviews asked participants to identify their perceptions of the major differences found between the school they last attended in their home community and school in the treatment facility, and their needs for a successful transition back to their next school. The focus is on this area to better determine how school programs can structure and implement their programs to engage students and set them up for a successful transition. The interview questions were focused on this area to allow participants to express their concerns about school in the treatment facility, and provide a better understanding of their ideas to cultivate a useful school environment that helps them prepare for the transition out of treatment.

Specifically, the interview questions were designed to ascertain the obstacles these students perceived in transitioning from school in the facility to their home school, fears and worries associated with the transition, their hopes for a successful transition, what they believe

would aid them in a successful transition, and their definition of a successful transition in relation to education. Identifying how they define a successful transition is critical because ideas surrounding success may differ for each student. Therefore, the research question asks, what do adolescents say will assist in a successful transition from school in a residential treatment center to school in a public setting? These suggestions will be used to educate those working with students in transition on ways to support and assist them.

Methodology

Participants. Research was conducted at the Boys and Girls Home of Alaska in Fairbanks, Alaska. The Boys and Girls Home of Alaska is an inpatient psychiatric residential treatment facility for adolescents ages 12-18. The facility is organized into three (levels three, four and five) units based on level of care and adolescent needs. Each unit level is further divided by gender. The Level Three unit, referred to as the Alaska Unit, provides residential care and treatment for adolescents who have emotional and mental health problems and display inadequate coping skills. The Level Four unit is referred to as the Denali Unit, and serves as the intake unit. This is where most students are placed upon entering the facility. This level is for adolescents who do not have a great deal of background history or their background suggests a need for further assessment. Adolescents that are on this unit may be transitioned to Level Three or Level Five based upon assessment outcomes. The Level Five unit, referred to as the Chugach Unit, provides intensive services to adolescents at the highest level of need. This level of service is for clients who exhibit extreme functional impairment and are experiencing serious emotional disturbance that requires a 24-hour interdisciplinary, psychotherapeutic treatment in a secure, locked facility.

Originally 12 participants were sought so that a male and female from each unit in each grade level would be represented. However, because parental consent for minors is required, and students are steadily being admitted and discharged from the facility, only a total of three students were interviewed.

Permission was obtained by John Regitano, Executive Director of Family Centered Service of Alaska, the organization that funds the school associated with the Boys and Girls Home of Alaska; Radine Himes, Executive Director of the Boys and Girls Home of Alaska; and Ernie Manzie, Director of Educational Programs at Boys and Girls Home of Alaska (these people have changed since the time of interviews). Parent or guardian permission, along with student consent, was also obtained for all participants (see appendices C, D, E, and F).

Participants were selected on a volunteer basis and were not coerced in any way to participate. Interviews were conducted at the Boys and Girls Home of Alaska with the researcher and a Boys and Girls Home of Alaska employee or non-teacher employee of the school. Mental Health Technicians (MHT) provide supervision and role modeling for adolescents while they are at the Boys and Girls Home of Alaska and assist them with daily living skills, problem solving, and education. The Boys and Girls Home of Alaska prohibits students to be alone in a room with another person at any time due to safety regulations. The MHT or school personnel required to be in the room did not contribute to a students school progress reports or grades. This was important so students felt as comfortable as possible disclosing information and discussing their educational experience in the facility. All individuals involved signed a confidentiality statement to protect the participant's confidentiality (see Appendix G).

Data Analysis Methods. Data collection was done via in-person interviews during school hours. The interviews were audio recorded. Both closed-ended and open-ended questions

were utilized in a semi-structured interview format. A semi-structured interview format was chosen to allow the researcher to ask predetermined questions, but seek clarification as needed (Doody & Noonan, 2013).

Interviews consisted of approximately 15 questions (see Appendix H). These pertained to participant experiences of school at the facility and their needs for a successful transition out of the school in the facility to their next school. The questions used in the interviews were chosen to fill in the gaps in the literature and add voice to the students. Questions were reviewed by a UAF counseling faculty member and approved by the UAF Institutional Review Board (see Appendix A). There was not a time limit for the interviews, but all three interviews were very short and lasted about 5 minutes each. Due to the small sample size, the qualitative approach was utilized to better allow for meaningful examination of interviews.

Results

Participant # 1. The first interview conducted was with a male participant who will be referred to as John. John was 17 years old at the time of the interview. John was first asked about school at the Boys and Girls Home. He stated that classes were similar to the classes at his previous school, but school at the Boys and Girls Home was easier than regular school so he was not looking forward to going to a new school. He said the school at the Boys and Girls Home had given him information on classes that he needed to take at his next school and he was concerned about being organized when entering his next school.

John was then asked questions about what could be done to help him transition into his next school. John communicated that it would be helpful for him if the school at the Boys and Girls home made it normal, such as giving him a schedule.

When asked if he was ready to leave school at the Boys and Girls Home, John stated that he was not feeling ready to leave because he wanted to get credits caught up. John was asked how he would know if he was successful at his next school. He said he would know if he was successful if he was able to keep his grades up and move forward.

Participant # 2. The second interview conducted was with a male participant who will be referred to as Alex. Alex was 15 years old at the time of the interview. School at the Boys and Girls Home was first discussed. Alex spoke about how the only similarity between the Boys and Girls home and his last school is the amount of time they do work. Alex mentioned that he can work at his own pace but the courses the school provided are not as detailed or challenging than his last school. He then stated that there is less interaction between the teachers, students do not get to select their own courses, and everything is somewhat laid out for students.

When asked about his concerns about transitioning to his next school, Alex shared that the courses provided at the Boys and Girls Home do not correspond with the ones that are provided in the rest of the district; which may make students further ahead or further behind on some subjects. However, he did share that the Boys and Girls home is helping him stay on track and aid him in getting as many credits as possible.

Alex was looking forward to entering his next school. He wants to have his own locker, personal area, desk, to be able to work at his own pace within a classroom where he can receive help from a teacher that is knowledgeable in the subject, and to be able to work in teams or pairs on projects that are presented outside of the school.

When discussing what the school staff and Boys and Girls Home could do to help him transition to his next school, Alex clearly communicated that they should get courses that correspond with what is going on and set a limit. He further explained they should have work be

done day by day and lesson by level like normal schools so students are still learning at the same pace. He also suggested do one lesson each and having select times for each subject. He was asked to clarify what he meant by setting a limit. In response he stated that he wanted to do assignment after assignment, but wanted to take a break like “normal” school and have a break period at the end of the day to sit down and do very little. Alex also stated it would be helpful for him to have the option of more correspondence courses and more structure.

Alex was asked if he had learned what he needed to learn to enter his next school. He said he thought he had, but that he did not believe the Boys and Girls Home school had done much to help him with that. He stated that he thought he was ready to leave school at the Boys and Girls Home as far as academics but that there were therapeutic limitations. Alex was also aware of semesters and quarters. He believed the best time to transition would be at the beginning of a semester or quarter because that is when classes are doing reviews and it may help him get caught up.

The final question Alex was asked was how he would know if he was successful at his next school. He said he would prefer to have a GPA of 3.0 or higher and that if his GPA went below a 2.8 he would know he was not successful.

Participant #3. The third interview was conducted with a female participant who will be referred to as Amy. Amy was 15 years old at the time of the interview. Amy was first asked about school at the Boys and Girls Home. She stated that she takes the same classes as her last school but that at the Boys and Girls home students do a lot of independent work at their own pace instead of working with everyone else. Amy was excited to go back to her previous school because she believed public school was fun. Amy said she had no concerns about

transitioning to her next school but was looking forward to seeing all of her old friends and being taught by a teacher that explains the same subject to the entire class.

The school at the Boys and Girls Home has helped her get ready to transition because the teachers have supported her in getting her work done and help her when needed, but she was not sure what else they could do to help her make the transition to her next school. Amy stated that public school is not as easy as school at the Boys and Girls Home and that she may need to get a tutor if she has questions. However, she said she was ready to leave school at the Boys and Girls Home because she has learned that doing her work is not that bad and that she will continue to do so in her next school.

Lastly, Amy was asked how she will know if she was successful at her next school. She said she will know if she is successful by making good grades and being involved in extracurricular activities, sports, and getting along with others.

Discussion

Current literature does not effectively acknowledge student perspectives concerning school in residential treatment and the transition process into their next school once treatment is complete. Participants provided thoughtful insight when answering questions, but to some extent, seemed hesitant to elaborate. Many responses were “yes” or “no” and little elaboration was provided. While students knew their names would not be associated with their answers and would not be shared with teachers or treatment staff, they may still have felt uncomfortable or feared being reprimanded. These students may also have not had prior experiences sharing their own thoughts and feelings regarding their education. When discussing these results it is important to consider how their prior experiences, trauma, perceived resources, and how the various systems in their lives connect to shape their views and hope for the future.

The literature discussing residential treatment does not focus on the school environment or its place within a residential treatment program. Participants provided some insight into their school experience. Students claimed school at Boys and Girls of Alaska was easier and that they worked at their own pace completing independent work, but that they think they have learned what they need to learn to enter their next school. However, two participants did have concerns about entering their next school. One had concerns about being organized and on time and the other was concerned about the classes at Boys and Girls Home of Alaska and their next school corresponding. In contrast, the literature discussing aftercare services does focus on reunification with families. However, none of the interviews mentioned relationships with their parents or guardians as an important factor in a successful transition.

Overall, it seemed participants felt school at the Boys and Girls home of Alaska helped them prepare to transition to their next school. All three believed the school had helped them with classes and completing work. This is important because it has been found that positive perceptions of self and others is associated with positive relationships with teachers (Rudasill, 2013). However, they did have suggestions on what could be done to further prepare them to transition to their next school. Two of the three participants believed classes could be made more formal and correspond better with their next school.

When asked about success in their next school, all three students defined success as getting good grades, although one participant also added being involved in extra-curricular activities, sports, and getting along with everyone to their definition of success. In their responses, no participant discussed or mentioned their mental health, living situation, or involvement with their parent, families, or caregivers in their responses. This may be because they genuinely do not have these concerns, or because they are overestimating their abilities to

transition back into their next school. This perception is known as positive illusionary bias (PIB) in which individuals tend to overestimate their abilities (Casey et al., 2010).

When discussing the results of this study it is important to talk about cultural implications. The thoughts and opinions of the participants in this study may vary greatly compared to students from different cultures and environments. All three participants in this study would be returning to larger public schools. However, other students attending residential treatment, including those at the Boys and Girls Home of Alaska, may live in less populated areas or rural villages. A student returning to a large public school is going to have a much different set of resources and experiences than a student returning to a small rural school. Smaller schools may not have the resources a larger school has. For example, some schools do not have a counselor on site every day of the week. In rural areas, counselors may be assigned to several schools. Furthermore, rural settings may not have quality or consistent mental health services.

For student's perspectives to be heard and implemented into practice, it will take an approach that involves the various systems within a student's life. This includes the relationship with their parents, teachers, peers, community, their culture, and their life experiences. Student perspectives alone will not change the literature regarding residential treatment. However, it can provide insight and help those helping these students to support and encourage them. In treatment their only control may be their own ideas and thoughts. Counselors, teachers, treatment staff, and families can work with students to understand the treatment process, education while in treatment, and education and success in their next school.

Application

The application of this research project will be in the form of a presentation for residential treatment and school staff, which will take approximately 60 minutes (see Appendix I). The school counselor will lead a presentation for those currently working with students in residential treatment or who will serve students once they have transitioned out of residential treatment. The presentation will be geared towards individuals working with high school students as their perspectives of transitioning of treatment are a large part of the information that will be shared. The counselor will offer a presentation that discusses the numbers of youth in residential care, the importance of education while in treatment, and planning for educational success after treatment. Individuals participating in the presentation will have the opportunity to learn what students transitioning from residential treatment feel could be done to help them. Individuals will have the opportunity to ask questions about the research.

Intended Audience

This study included a small population of adolescents in an inpatient residential psychiatric treatment facility in Fairbanks, Alaska. Results are not generalizable, but are intended for the research community to support the need for future larger scale studies. Future areas of research might include what receiving schools of students transitioning from a treatment facility can do to help the student, or larger studies that identify what schools in treatment facilities can do to promote successful transitions for students. This research may also be useful for the Boys and Girls Home of Alaska. While it is not intended to be an evaluation of their program, results may suggest areas in which school and transition services can be improved.

Conclusion

Adolescents transitioning from residential treatment into their next school and community setting need to be included in the process, understand the changes taking place, and receive support and guidance from their families and other important figures in their lives. Aftercare supports should be designed to address the various systems that interact within a student's life. The adolescent's community, cultural expectations, beliefs, educational setting and family make-up will all interact to impact them as they transition. This transition time is crucial as they enter into educational settings, as their achievement in school can impact their future and functioning.

Furthermore, adolescents perspectives on their educational experiences in residential treatment and what they perceive would help them transition back into their community schools should be actively sought and incorporated into transition planning. Transition services that address the fears and expectations of adolescents, and discuss the unique obstacles faced as they make the transition out of treatment, may help ensure their educational goals are obtained and a successful transition is achieved. The information gained through this pilot study is designed to offer adolescent perceptions of students at the Boys and Girls Home of Alaska on what they believe would help them transition out of school at the facility and back into a traditional school setting. Results are not intended to be generalizable, but offer insight and suggestions for further research in this area. Future areas of research might include what receiving schools of students transitioning from a treatment facility can do to help the student, or larger studies that identify what schools in treatment facilities can do to promote successful transitions for students. This research may also be useful for the Boys and Girls of Alaska. While it is not intended to be an

evaluation of their program, results may suggest areas in which school and transition services can be improved.

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Appendix A



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Institutional Review Board

909 N Koyukuk Dr. Suite 212, P.O. Box 757270, Fairbanks, Alaska 99775-7270

March 11, 2014

To: Christine Cook
 Principal Investigator

From: University of Alaska Fairbanks IRB

Re: [537109-3] ADOLESCENT PERSPECTIVES ON WHAT SHOULD BE DONE TO
 PREPARE THEM FOR THE TRANSITION OUT OF SCHOOL IN AN INPATIENT
 RESIDENTIAL PSYCHIATRIC TREATMENT FACILITY: A PILOT STUDY

Thank you for submitting the Response/Follow-Up referenced below. The submission was handled by Expedited Review under the requirements of 45 CFR 46.110, which identifies the categories of research eligible for expedited review.

Title:	ADOLESCENT PERSPECTIVES ON WHAT SHOULD BE DONE TO PREPARE THEM FOR THE TRANSITION OUT OF SCHOOL IN AN INPATIENT RESIDENTIAL PSYCHIATRIC TREATMENT FACILITY: A PILOT STUDY
Received:	March 10, 2014
Expedited Category:	7
Action:	APPROVED
Effective Date:	March 11, 2014
Expiration Date:	March 11, 2015

This action is included on the April 2, 2014 IRB Agenda.

No changes may be made to this project without the prior review and approval of the IRB. This includes, but is not limited to, changes in research scope, research tools, consent documents, personnel, or record storage location.

Appendix B

Research Approval Form

Subject: Permission to Conduct Research Study

Dear Mr. Regitano,

I am writing to request permission to conduct a research study at the Boys and Girls Home of Alaska. I am currently enrolled in the Master of Education program at the University of Alaska Fairbanks in Fairbanks, AK and am in the process of writing my Masters Thesis. The study is entitled: Adolescent Perspectives on What Should be Done to Prepare Them For Transition out of School in an Inpatient Residential Psychiatric Treatment Facility: A Pilot Study. The goal of this study is to understand the perspectives of students participating in school at the Boys and Girls Home of Alaska and how they can be helped to transition out of school in the facility and enter into their next school. You are invited to ask any questions you have at any time during the research process.

The research process will involve individual interviews with approximately 12 students who are in 9th through 12th grade. However, this will depend on parent or guardian consent. Interview questions are focused on student's perceptions of school in the facility and their ideas regarding useful transition services. Student participation will be strictly voluntary and they can decide not to participate at any time or choose to only answer some of the questions. Students will be given a consent form to show their willingness to participate and understanding of the study. Parent or guardian consent will also be obtained for each student before they are able to participate in the study.

If approval is granted, students will be asked to indicate their willingness to participate after listening to a five-minute presentation regarding the nature and purpose of the study. Once participants are selected and consent forms are obtained from participants and parents/guardians, interviews will be conducted in the theatre room within the facility. The interview process should take approximately 30 minutes to two hours. This depends on student responses. However, I estimate the average interview length will be approximately 45 minutes. In accordance with the facilities ratio requirements, a Boys and Girls Home of Alaska employee will need to be in the room during interviews. They will be asked to sign a confidentiality form to ensure the information obtained from participants will be kept confidential. Interviews will be audio recorded to aid in capturing accurate responses. Furthermore, student confidentiality will be protected by storing consent forms and recordings in a locked cabinet, properly disposing of interview materials, limiting access to identifiable information, and discussing the importance of confidentiality with the research staff.

The risks to students who volunteer to take part in this study are potential emotional stress due to thinking about the transition process to their next school. To minimize this stress, the names of students, school and specific locations will not be used in any reports and discussion. In the instance that students experience distress as a result of the interview, they should be allowed to process with a Mental Health Technician and their therapist will be notified if follow-up is needed. Students should also be allowed to spend

some time in the comfort room or to return to their unit if needed. A possible benefit to students participating in this study is awareness of their views regarding transitioning to a new/their previous school after completion of treatment and having the opportunity to voice their perceptions and opinions.

The researcher is a mandated reporter. If the student being interviewed states they are going to harm themselves or any other person, this information will be reported to their therapist. If the student states they have experienced abuse, this will also be reported to the student's therapist and to the Office of Children's Services.

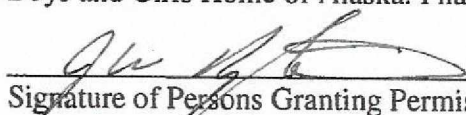
Attached with this letter is the speech students will listen to that provides an introduction to the study and asks for their willingness to participate, what will be said to parents during initial contact, copies of participant and parent/guardian consent forms that will need to be signed, and the proposed interview questions.


If you have any questions or concerns feel free to contact the researcher, Sylvia Church, via e-mail at srsiegler@alaska.edu or by phone at 360-481-9519. You may also contact her supervisor, Christine Cook, at ccook@alaska.edu, 907-474-5743, or University of Alaska Fairbanks, 708A Gruening Building, Fairbanks, Alaska.

If you have further questions or concerns about student's rights as a research participant, you can contact the UAF Office of Research Integrity at 907-474-7800 (Fairbanks area) or 1-866-867-7800 (toll free outside the Fairbanks area) or email fyirb@uaf.edu

Statement of Consent:

I understand the procedures described above. My questions have been answered to my satisfaction and I agree to allow Sylvia Church to conduct research with students at the Boys and Girls Home of Alaska. I have been provided with a copy of this form.

 4/22/2014
Signature of Persons Granting Permission and Date

 4/22/2014
Signature of Person Obtaining Permission and Date

Kindly,
Sylvia Church

Research Approval Form

Subject: Permission to Conduct Research Study

Dear Ernie Manzie,

I am writing to request permission to conduct a research study at the Boys and Girls Home of Alaska. I am currently enrolled in the Master of Education program at the University of Alaska Fairbanks in Fairbanks, AK and am in the process of writing my Masters Thesis. The study is entitled: Adolescent Perspectives on What Should be Done to Prepare Them For Transition out of School in an Inpatient Residential Psychiatric Treatment Facility: A Pilot Study. The goal of this study is to understand the perspectives of students participating in school at the Boys and Girls Home of Alaska and how they can be helped to transition out of school in the facility and enter into their next school. You are invited to ask any questions you have at any time during the research process.

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Attached with this letter is the speech students will listen to that provides an introduction to the study and asks for their willingness to participate, what will be said to parents during initial contact, copies of participant and parent/guardian consent forms that will need to be signed, and the proposed interview questions.

If you have any questions or concerns feel free to contact the researcher, Sylvia Church, via e-mail at srsiegler@alaska.edu or by phone at 360-481-9519. You may also contact her supervisor, Christine Cook, at crcook@alaska.edu, 907-474-5743, or University of Alaska Fairbanks, 708A Gruening Building, Fairbanks, Alaska.

If you have further questions or concerns about student's rights as a research participant, you can contact the UAF Office of Research Integrity at 907-474-7800 (Fairbanks area) or 1-866-867-7800 (toll free outside the Fairbanks area) or email fyirb@uaf.edu

Statement of Consent:

I understand the procedures described above. My questions have been answered to my satisfaction and I agree to allow Sylvia Church to conduct research with students at the Boys and Girls Home of Alaska. I have been provided with a copy of this form.

Anna Marie 3-19-14
Signature of Person Granting Permission and Date

Sylvia Church 2-24-15
Signature of Person Obtaining Permission and Date

Kindly,
Sylvia Church

Research Approval Form

Subject: Permission to Conduct Research Study

Dear Radine Himes,

I am writing to request permission to conduct a research study at the Boys and Girls Home of Alaska. I am currently enrolled in the Master of Education program at the University of Alaska Fairbanks in Fairbanks, AK and am in the process of writing my Masters Thesis. The study is entitled: Adolescent Perspectives on What Should be Done to Prepare Them For Transition out of School in an Inpatient Residential Psychiatric Treatment Facility: A Pilot Study. The goal of this study is to understand the perspectives of students participating in school at the Boys and Girls Home of Alaska and how they can be helped to transition out of school in the facility and enter into their next school. You are invited to ask any questions you have at any time during the research process.

The research process will involve individual interviews with approximately 12 students who are in 9th through 12th grade. However, this will depend on parent or guardian consent. Interview questions are focused on student's perceptions of school in the facility and their ideas regarding useful transition services. Student participation will be strictly voluntary and they can decide not to participate at any time or choose to only answer some of the questions. Students will be given a consent form to show their willingness to participate and understanding of the study. Parent or guardian consent will also be obtained for each student before they are able to participate in the study.

If approval is granted, students will be asked to indicate their willingness to participate after listening to a five-minute presentation regarding the nature and purpose of the study. Once participants are selected and consent forms are obtained from participants and parents/guardians, interviews will be conducted in the theatre room within the facility. The interview process should take approximately 30 minutes to two hours. This depends on student responses. However, I estimate the average interview length will be approximately 45 minutes. In accordance with the facilities ratio requirements, a Boys and Girls Home of Alaska employee will need to be in the room during interviews. They will be asked to sign a confidentiality form to ensure the information obtained from participants will be kept confidential. Interviews will be audio recorded to aid in capturing accurate responses. Furthermore, student confidentiality will be protected by storing consent forms and recordings in a locked cabinet, properly disposing of interview materials, limiting access to identifiable information, and discussing the importance of confidentiality with the research staff.

The risks to students who volunteer to take part in this study are potential emotional stress due to thinking about the transition process to their next school. To minimize this stress, the names of students, school and specific locations will not be used in any reports and discussion. In the instance that students experience distress as a result of the interview, they should be allowed to process with a Mental Health Technician and their therapist will be notified if follow-up is needed. Students should also be allowed to spend

some time in the comfort room or to return to their unit if needed. A possible benefit to students participating in this study is awareness of their views regarding transitioning to a new/their previous school after completion of treatment and having the opportunity to voice their perceptions and opinions.

The researcher is a mandated reporter. If the student being interviewed states they are going to harm themselves or any other person, this information will be reported to their therapist. If the student states they have experienced abuse, this will also be reported to the student's therapist and to the Office of Children's Services.

Attached with this letter is the speech students will listen to that provides an introduction to the study and asks for their willingness to participate, what will be said to parents during initial contact, copies of participant and parent/guardian consent forms that will need to be signed, and the proposed interview questions.

If you have any questions or concerns feel free to contact the researcher, Sylvia Church, via e-mail at srsiegler@alaska.edu or by phone at 360-481-9519. You may also contact her supervisor, Christine Cook, at cccook@alaska.edu, 907-474-5743, or University of Alaska Fairbanks, 708A Gruening Building, Fairbanks, Alaska.

If you have further questions or concerns about student's rights as a research participant, you can contact the UAF Office of Research Integrity at 907-474-7800 (Fairbanks area) or 1-866-867-7800 (toll free outside the Fairbanks area) or email fyirb@uaf.edu

Statement of Consent:

I understand the procedures described above. My questions have been answered to my satisfaction and I agree to allow Sylvia Church to conduct research with students at the Boys and Girls Home of Alaska. I have been provided with a copy of this form.

Christine Himes 4/15/14

Signature of Persons Granting Permission and Date

Sylvia Church 4/15/14

Signature of Person Obtaining Permission and Date

Kindly,
Sylvia Church

Appendix C

Participant Recruitment Speech

Hello Students,

As many of you know, my name is Sylvia and I am in a Masters of Education program at the University of Alaska Fairbanks. I am working on my degree in school counseling. At the Boys and Girls Home of Alaska, I was an intern from May to December, but I am still currently a counseling student. Ernie was my supervisor and has been guiding me as I learn how to be a school counselor.

As part of my program, I need to complete a thesis. This involves doing my own research. My experience at the Boys and Girls Home of Alaska has interested me in your experiences of school here.

I want to interview up to 12 of you about what you think could be done to help you enter your next school when you complete treatment. If you are in 9th, 10th, 11th, or 12th grade I would like to interview you.

The interview would take place here in the facility in the theatre room. The interview would last from 30 minutes to two hours. However, I think interviews will last about 45 minutes. Interviews will be audio recorded. Your answers will not be associated with you personally. During the interviews, a Boys and Girls Home of Alaska employee will need to be in the room. This person will sign a confidentiality form. This form says they will not share your information or interview responses with anyone. Your parent or guardian will also need to sign a consent form that shows they agree to let you take part in this study. The first 12 students to turn in their signed form, along with their parent or guardians signed form, will be selected.

If you would like to participate, come see me in the school office and I will give you a consent form that tells you more about the study. Thank you for your time.

Appendix D

Initial Parent Contact (to be made via telephone)

Hello (Name of Parent or Guardian),

My name is Sylvia Church. I am calling from the school at the Boys and Girls Home of Alaska. I worked as a school counseling intern from May to December. During this time I was in the Masters of Education Program at the University of Alaska Fairbanks.

As part of the program, I am starting a thesis. This means I do my own research. My time at the Boys and Girls Home of Alaska has interested me in (name of student) thoughts of what they think could help them enter their next school.

The interview would take place at the Boys and Girls Home of Alaska. The interview would last between 30 minutes and two hours. Interviews will be audio recorded. We will protect your child's confidentiality by changing their name when recording information. A Boys and Girls Home of Alaska employee will need to be present in the room. This person will be asked to sign a form that says they will not share your child's information with anyone. Your child will also be asked to sign a form that shows they agree to be a part of the study.

I will send you a form to read and sign if you agree to allow your child to be in this study. If you would like some time to think about allowing them to be in this study, please let me know when you can.

If you have any questions now, feel free to ask me now. If you have questions later, you may contact me at 360-481-9519 or srsiegler@alaska.edu.

You may also contact my supervisor, Christine Cook, at crcook@alaska.edu, or 907-474-5743, University of Alaska Fairbanks, 708A Gruening Building, Fairbanks, Alaska.

If you have questions or concerns about your child's rights as a research participant, you can contact the UAF Office of Research Integrity at 907-474-7800 (Fairbanks area) or 1-866-867-7800 (toll free outside the Fairbanks area) or email fyirb@uaf.edu.

Thank you for your time!

Appendix E

Participant Assent Form

IRB # 537109-1

Description of the Study:

You are being asked to take part in a research study about school at the Boys and Girls Home of Alaska. The goal of this study is to understand your ideas on what could be done to help you transition to your next school once you are done with treatment. I am asking you to be part of the study because you are in school while at the Boys and Girls Home of Alaska and you are in 9th, 10th, 11th, or 12th grade. Your parent or guardian has said that if you want to be part of the study you can. You can ask any questions you may have now or at any time during your participation.

If you choose to be part of this study, you will be asked to answer a set of questions. You will be asked to sit for one interview that will last between 30 minutes and two hours. This depends on your responses. However, the average length of the interviews should be about 45 minutes. There will be a Boys and Girls Home of Alaska employee in the room with you and the researcher. This person will be asked to sign a confidentiality form. This is to make sure they do not discuss any information about you with anyone. Interviews will be audio recorded.

Risks and Benefits of Being in the Study:

This study is not meant to cause you harm or hurt you in any way. However, some interview questions will ask you to think about the process of entering your next school. This might cause you some stress or worry. If the interview makes you upset or feel bad in any way, you can stop at anytime. This will not affect your treatment progress. If you want to stop being in the study at anytime, please let the interviewer know. If the interview questions do cause you stress, you can debrief with a Mental Health Technician. Your therapist will also be notified. You can also spend some time in the comfort room or return to your unit. A possible benefit to you for taking part in this study is the chance to express your thoughts on what could be helpful for you to make the move into your next school.

Confidentiality:

We will protect your confidentiality by changing your name when recording information so no one can trace your answers to your name. We will also properly dispose of interview sheets and other papers. We will limit access to identifiable information and tell all research staff the importance of confidentiality. Research records will be kept in locked cabinets. Furthermore, interviews will not be held in any room that has a camera.

The researcher is a mandated reporter. This means that if you reveal you are going to harm yourself or anyone else, the researcher will need to report this information to your therapist. If you say that anyone has abused you in any way, the researcher will need to report this to your therapist and the Office of Children's Services.

Voluntary Nature of the Study:

You get to choose whether or not to be in the study. Even though your parent/guardian said it was ok, you don't have to be part of the study. If you decide you want to be in the study you can still change your mind later. If you want to stop being part of the study just let the interviewer know. If you decide to stop we will not use any of your information. Your interview answers will also be shredded immediately. If you choose to participate in this study, research findings will be published.

Contacts and Questions:

If you have any questions, feel free to ask me now. If you have questions later, you may contact Sylvia Church by e-mail at srsiegler@alaska.edu, or by phone at 360-481-9519. You may also contact Christine Cook at ccook@alaska.edu, or 907-474-5743.

If you have questions or concerns about your rights as a research participant, you can contact the UAF Office of Research Integrity at 474-7800 (Fairbanks area) or 1-866-876-7800 (toll-free outside the Fairbanks area) or uaf-irb@alaska.edu after approved by your therapist.

Statement of Assent:

I know what this study is about and my questions have been answered. I agree to be part of this study.

Students Printed Name

Signature of Student & Date

Signature of Person Obtaining Consent & Date

Appendix F

Parent/Guardian Consent Form

IRB # 537109-1

Description of the Study:

You are being asked to give permission for your child to take part in a research study. This study is about school at the Boys and Girls Home of Alaska. The goal of this study is to understand your child's thoughts on what could be done to help them enter their next school after treatment. I am asking your child to be part of this study because they are in school while at the Boys and Girls Home of Alaska and are in 9th, 10th, 11th, or 12th grade. You can ask questions you have at any time during your child's participation.

If you decide your child can take part in this study, they will be asked to answer a set of interview questions. The interviews will last from 30 minutes to two hours. This depends on their responses. However, interviews should last about 45 minutes. There will be a Boys and Girls Home of Alaska employee in the room during the interview with your child and the researcher. They will be asked to sign a confidentiality form. This is to make sure they do not share your child's information with anyone. Interviews will be audio recorded.

Risks and Benefits of Being in the Study:

This study was not made to cause your child harm or hurt them in any way. However, some interview questions will ask your child to think about the change to their next school. This might cause some stress or worry. If this makes your child feel bad in any way, they can end their participation at anytime. This will not affect their treatment progress in any way. If they do feel stress because of interview questions, your child can talk with a Mental Health Technician. They may also spend some time in the comfort room or go back to their unit. Your child's therapist will also be told. Their therapist will follow-up with your child. A possible benefit to your child for taking part in this study is being able to share their thoughts on school at the Boys and Girls Home of Alaska. They may also have the satisfaction of having participated.

Confidentiality:

We will protect your child's confidentiality by changing their name when recording information. This is so no one can trace their answers to their name. We will properly dispose of interview sheets and other papers. We will also limit access to information that can identify your child. Research staff will be told the importance of confidentiality. Research records will be stored in locked cabinets. Also, interviews will not be held in any room that has a camera.

The researcher is a mandated reporter. This means that if your child says they are going to harm themselves or anyone else, the researcher will need to tell their therapist. If your child says that anyone has harmed them in any way, the researcher will need to tell this to their therapist and the Office of Children's Services.

Voluntary Nature of the Study:

You and your child get to choose whether or not to participate in the study. Their participation is voluntary. If you allow your child to participate in this study, you can change your mind later and have them removed. If you choose to have your child end their participation in the study at any time, we will not use any of their information or interview answers. Any information already obtained will not be used. This will not affect their treatment plan or progress in any way. Research findings will be published if your child does participate in this study.

Contacts and Questions:

If you have any questions, please ask me before signing this form. If you have questions later, you can contact the researcher Sylvia Church at srsiegler@alaska.edu or 360-481-9519. You may also contact Christine Cook at crcook@alaska.edu, or 907-474-5743, University of Alaska Fairbanks, 708A Gruening Building, Fairbanks, Alaska.

If you have questions or concerns about your child's rights as a research participant, you can contact the UAF Office of Research Integrity at 907-474-7800 (Fairbanks area) or 1-866-867-7800 (toll free outside the Fairbanks area) or email fyirb@uaf.edu.

Statement of Consent:

I understand the steps described above. My questions have been answered and I agree to allow my child to participate in this study. I have been given a copy of this form.

Your Child Name

Signature of Parent/Guardian & Date

Signature of Person Obtaining Consent & Date

Appendix G

Boys and Girls Home of Alaska Employee Confidentiality Agreement Form

This is to certify that I, _____, an employee of Boys and Girls Home of Alaska, understand that any information obtained during my presence throughout the interview process must remain confidential and should not be shared with any other persons.

I understand that releasing information obtained during the interview process may affect research results and/or harm the participant.

I further understand that by signing this agreement, I agree to stay present in the room for the duration of the interview. This is for purposes of ratio. I will not interfere with the interview process in any way (leaving the room, moving around, asking questions, prompting student) unless in the case of an emergency.

If you have any questions, please ask me before signing this form. If you have questions later, you can contact the researcher Sylvia Church via e-mail at srsiegler@alaska.edu, or by phone at 360-481-9519. You may also contact Christine Cook at crcook@alaska.edu, or 907-474-5743, University of Alaska Fairbanks, 708A Gruening Building, Fairbanks, Alaska.

If you have further questions or concerns you may also contact the UAF Office of Research Integrity at 907-474-7800 (Fairbanks area) or 1-866-867-7800 (toll free outside the Fairbanks area) or email fyirb@uaf.edu.

Signature of Boys and Girls Home Employee

Date

Appendix H

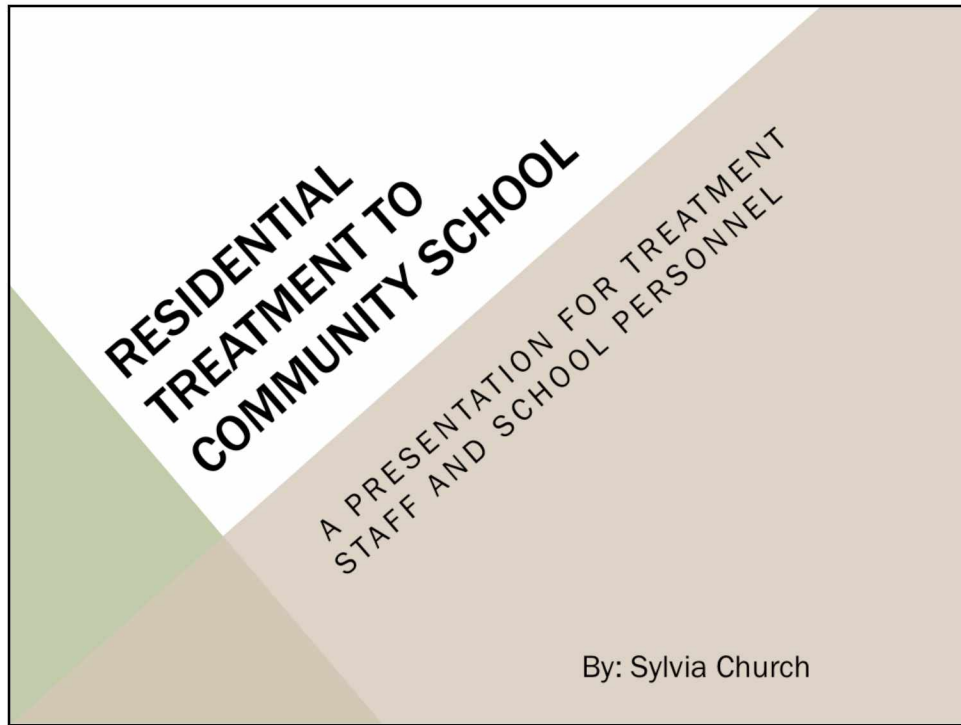
Leaving School at the Boys and Girls Home of Alaska Interview Questions

Hello. Thank you for taking the time to be a part of this study. This is a confidential survey and your responses will not be linked to you personally. I will be asking you about 15 questions on your thoughts of leaving school here at the Boys and Girls Home of Alaska and entering your next school. You can choose to skip questions or stop the interview at any time. I also want to remind you that I am a mandated reporter. This means that if you say you are going to hurt yourself or someone else, I will need to tell your therapist. If you say that you have ever been abused, I will also need to tell your therapist and report it to the Office of Children's Services. Do you have any questions?

- What is your birth date? ____ / ____ / ____
- What gender are you?
- How is school at the Boys and Girls Home of Alaska the same as your last school?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- How is school at the Boys and Girls Home of Alaska different from your last school?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- Do you think about going to a new/your previous school?
 - How many times a day do you think about going to a new/your previous school?
- Do you have concerns about leaving school at the Boys and Girls Home of Alaska and entering your next school?
 - If you have concerns, what are your concerns?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- Are you looking forward to leaving school at the Boys and Girls Home of Alaska and entering a new school?
 - What are you looking forward to?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- What has school at the Boys and Girls Home of Alaska done to get you ready to go back to a new/your previous school?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- What could the school staff (teachers, teacher aids, principal, administrative assistant) do to prepare you to transition to a new school?

- Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- What do you think could help you enter a new/your previous school after the Boys and Girls Home of Alaska?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- Do you think you have learned what you need to learn to enter a new/your previous school?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that
- Do you think you are ready to leave school at the Boys and Girls Home and enter a new/your previous school?
- How will you know if you were successful at your next school?
 - Follow up clarifying questions such as tell me more; what do you mean; can you explain that

Thank you for taking the time to participate in this interview. Do you have any questions? (name of Boys and Girls Home of Alaska employee) will now take you back to class.



Hello and thank you for being here today. This presentation targets residential treatment staff and school personnel working with students currently in or those who have been in residential treatment.

Primary focus in treatment is mental health, however these students must reintegrate into school settings once they complete their treatment program. Including education as a major component of treatment could be beneficial for these students.

Some of you in this room may be working with or have worked with students that have attended residential treatment here in Fairbanks, but these suggestions may benefit those in other locations as well.

This presentation will help inform treatment staff and provide insight for community school personnel about academics in residential treatment, the importance of aftercare, barriers to aftercare, and aftercare models. A major portion of this presentation will focus on my time as an intern at the boys and Girls Home of Alaska and insights gleaned from students attending school at the Boys and Girls Home of Alaska.

PRESENTATION GOALS

- Inform treatment staff on the importance of education and outcome information
- Increase knowledge of the benefits of aftercare
- Present the suggestions of residential treatment students
- Encourage staff to include students in their education
- Encourage future research

MY PERSONAL INTEREST IN STUDENT SUCCESS

- Internship at Boys and Girls Home
- Focus on students working to obtain GED
- Recognized education 2nd to treatment
- Recognized large differences

In my graduate program I completed an internship at the Boys and Girls Home of Alaska. I would like to point out that at the time, the Boys and Girls Home was one entity, and the school at the Boys and Girls Home was ran by Family Centered Services of Alaska. Now FCSA runs the entire organization. Information shared in this presentation is only from the time FCSA ran the school within the Boys and Girls Home. This is not an evaluation of the school.

I interned with their school principal. My primary focus was working with students trying to obtain their GED. Some wanted to, and some had no other option because they were so far behind.

I noticed how different school was. Their work was mostly self guided and they were in class with students of different ages and working on varying subjects/courses. There was little opportunity for teacher instruction, extracurricular options, and social interactions. Students were often pulled for appointments and far behind average credit attainment for students of their age and grade.

How are these students to be expected to successfully transition into their community schools when they have spent so much time in a vastly different environment. In community schools they will have more responsibility, less time to complete work, a busier schedule, and temptations. They will need to build relationships with teachers and peers. What will they say when asked where they moved from or transferred from?

When I went to contact parents for approval to interview their child it was very difficult to get ahold of and talk to parents. This brought of concerns of family involvement and the family's ability to help their child navigate the changes their child may experience at a new school.

I started looking at outcomes of these students and found little research in regards to education. There was even less research on perspectives of these students and what could help them.

RESIDENTIAL TREATMENT CENTERS

- Provide intensive help for youth with serious emotional and behavior problems
- In 2006, approximately 200,000 lived in residential facilities for mental health, behavior concerns, and/or substance abuse
- Private residential treatment facilities serve between 10,000 and 14,000 adolescents
- Estimates vary depending on criteria used to define residential treatment and those who are served by them

(American Academy of Child and Adolescent Psychiatry, 2016; Trout et al., 2009.; National Alliance on Mental Illness, 2013)

Residential Treatment Centers provide intensive help for youth with serious emotional and behavior problems and these facilities provide live in health care and therapy for issues such as substance abuse, mental illness, or other behavioral problems.

In 2006, approximately 200,000 lived in residential facilities for mental health, behavior concerns, and/or substance abuse.

The National Alliance on Mental Illness (2013) estimates that private residential treatment facilities serve between 10,000 and 14,000 adolescents.

(American Academy of Child and Adolescent Psychiatry, 2016; Trout et al., 2009.; National Alliance on Mental Illness, 2013)

RESIDENTIAL TREATMENT IN ALASKA

- **2,176 children and 2,231 adolescents entered into treatment in 2013**
 - 74% enter for mental health concerns, 15% enter for substance abuse, and 12% enter for co-occurring disorders
 - 44% of children in treatment received services for more than a year
 - The majority of youth (37%) in treatment were likely to receive services for 6 to 12 months

(Alaska DHSS, 2014)

In 2013, 2,176 children (less than age 13) and 2,231 adolescents (ages 13-18) entered treatment in Alaska.

Of those, 74% entered for mental health concerns, 15% entered for substance abuse, and 12% entered for co-occurring disorders.

In 2013 Alaska's Department of Health and Social Services reported that 44% of children in treatment received services for more than a year, and the majority of youth (37%) in treatment were likely to receive services for 6 to 12 months.

(Alaska DHSS, 2014)

SCHOOL SETTINGS IN TREATMENT CENTERS

- Education components offered in unison with treatment
- Lack of research focused on school setting
- Boys and Girls home of Alaska school
- These differences may have negative effects on adolescents transitioning out of treatment into their next school

(Cameron, de Boer, Fensch, & Adams, 2003; Gharabaghi, 2011)

Although education settings may differ from program to program, many offer educational services to adolescents in unison with treatment. However, there is little detailed information available regarding structure of school in residential treatment.

However, educational programs in residential treatment are often very different than community schools.

At the Boys and Girls Home of Alaska the school is much smaller than the local schools, offers fewer class options, and limited extra-curricular activities.

In Ontario, Canada, there are no policies or standards related to formal education and licensing standards do not require the promotion of education as part of out of home group foster care programs. For example, almost no group care programs have learning components and requirements for schoolwork are only addressed within a one-hour quiet time in which students must engage in a constructive activity of their own. There are no requirements for homework completion, communication with school personnel, or participation within the school community and that school performance is not typically tracked.

One study that interviewed parents regarding their perceptions of residential treatment indicated the residential school was a key element of their child's treatment. They viewed the small class sizes, individual academic programs, and behavior management positively.

Differences such as these, combined with a lack of focus on education while in treatment, may have negative effects for adolescents transitioning out of treatment and entering into their next school.

(Cameron, de Boer, Fensch, & Adams, 2003; Gharabaghi, 2011)

TEACHER REQUIREMENTS

- Little is known about educational requirements of teachers in residential treatment center schools
- Boys and Girls Home of Alaska- teacher certification required but are not trained mental health professionals

Little is known about the educational requirements and training for teachers and those involved in the education of students in residential treatment. At the Boys and Girls Home of Alaska teachers are required to hold a teaching certificate and receive continuing education, but are not trained mental health professionals.

While in treatment education is addressed and a school like environment is offered, but is secondary to treatment. Students are often pulled from school for appointments, therapy, and meetings. This creates time away from their studies, teachers, and peers. This idea of education being secondary to treatment may lower teacher expectations of students. This in turn can impact their entry into their next school when educational expectations are higher and less individual attention is given.

SCHOOL TRANSFERS

- Adolescents are faced with a unique set of challenges
- Must reenter community, social, and education settings while still trying to maintain progress made in treatment
- May struggle with relapse
- Barriers to transferring schools

(Casey et al., 2010; Gharabaghi, 2011; Engec, 2006; Gasper DeLuca, & Estacion, 2010)

Adolescents transitioning from residential facilities back to traditional school settings are faced with a unique set of challenges because of their diverse background, general lack of support and resources, and emotional and behavioral diagnosis.

While trying to maintain progress gained in treatment they must reenter the community, social, and education settings once they have finished their program.

Youth may struggle with relapse because in general, school transfers can contribute to a decline of academic progress, discontinuity of relationships with teachers and peers and other adjustment issues.

(Casey et al., 2010; Engec, 2006;

Gasper, DeLuca, & Estacion, 2010; & Gharabaghi, 2011)

UNDERSTANDING SCHOOL SUCCESS

- Outcomes for adolescents correlate with school success
- Adolescents who drop out of high school:
 - Have lower life earnings
 - Experience poverty
 - Less likely to have stable employment
 - More likely to run away
 - More likely to experience legal issues
- High school dropouts are three times more likely to be unemployed than college dropouts

(Bridgeland, Dilulio, & Morison, 2006; Campolieti, Fang, & Gunderson, 2010; Casey et al., 2010; Northeastern University Center for Labor Market Studies and Alternative Schools Network in Chicago, 2009)

Understanding school success (graduating high school, finding employment, staying out of legal system) is important because it may affect an individual's future and outcomes for adolescents correlate with their school performance.

Adolescents who drop out of high school have lower life earnings than those who complete high school and are less likely to have stable employment.

Adolescents who fail to complete high school are much more likely to experience poverty, unemployment, low paying jobs, run away if underage, and experience further legal issue. For example, high school dropouts are three times more likely to be unemployed than college graduates.

Chances are also much higher that those who drop out of high school will be living in poverty compared to high school graduates.

(Bridgeland, Dilulio, & Morison, 2006; Campolieti, Fang, & Gunderson, 2010; Casey et al., 2010; Northeastern University Center for Labor Market Studies and Alternative Schools Network in Chicago, 2009)

LITERATURE OF ADOLESCENT PERSPECTIVES

- Literature tends to focus on outcomes in relation to an adolescents
 - Functioning within community
 - Family or adults in their new environment
 - Ability to successfully and practically apply coping mechanisms
 - Success in staying out of the legal system
- Lacking adolescent perspectives
- One study showed adolescents:
 - Feared peers asking about their previous school
 - Explaining why they were in treatment.
 - Not making “normal” friends
 - Peers influencing them to make poor choices
 - Getting along with parents and family
 - Being able to find employment

(Narendorf, Fedoravicius, McMillen, McNelly, & Robinson, 2012)

The literature discussing successful transition services for adolescents transitioning out of residential treatment is scant.

The existing literature that does focus on outcomes after departure from residential treatment tends to focus on outcomes in relation to the adolescents functioning within their community, their family or adults in their new environment, their ability to successfully and practically apply coping mechanisms, and their success in staying out of the legal system.

Few studies have taken into account adolescent perspectives while in treatment or what can help prepare them to be successful after treatment.

One study that did focus on adolescent fears associated with transitioning back to a traditional school setting found that many adolescents feared peers asking about their previous school and explaining why they were in treatment. They also expressed a fear of not making “normal” friends, peers influencing them to make poor choices, getting along with parents and family, and being able to find employment.

(Narendorf, Fedoravicius, McMillen, McNelly, & Robinson, 2012)

EDUCATIONAL OUTCOMES OF YOUTH DEPARTING RESIDENTIAL FACILITIES

- Educational outcomes after transitioning are bleak
- Low school achievement and satisfactory functioning
 - Dropping out
 - Suspensions
 - Expulsions
 - Classroom difficulties
 - Conflicts with teachers and peers

(Attar-Schwartz, 2009; Cameron, de Boer, Fensch, & Adams, 2003; Korz & Tissue, 1993; Lyons, Terry, Martinovich, Peterson, & Bouska, 2001)

The literature that is available reveals educational outcomes of youth departing residential treatment are bleak. School achievement and satisfactory functioning tends to be very low for students after transitioning.

One study that included 120 adolescents found that in a 6-month period following discharge from a residential treatment facility, 19% had been suspended and 5% had been expelled from school. This same study identified that 20% of students were not enrolled in school 6 months post discharge and 55% were not enrolled at the two-year follow-up.

The overall functioning of 285 adolescents across multiple domains two years after departure from a residential treatment program had not increased, including in the area of education. In fact, it appears that residential treatment for these adolescents had unintended effects of anxiety and hyperactivity, both of which may affect ability to effectively function in school.

In a study of 88 individuals that were interviewed 8 years after departure from a 5-day residential treatment program, 34% had dropped out of high school between the ages of 15 and 16, 23% had never been employed, 28% had few or no friends, and 26% had police records.

In the Partnerships for Children and Families study 29 primary caregivers of children ages 5-12 and adolescents ages 12-15 who had been placed in residential treatment were interviewed to determine educational outcomes for their child or adolescent. Half of the caregivers for both age groups stated the educational success of students after departing treatment was low. Caregivers revealed their children had ongoing educational difficulties, frequent suspensions, acted out in the classroom, conflicted with teachers and peers, and failed classes. Their engagement in the regular school system became increasingly difficult for themselves, parents, teachers, and the school.

(Attar-Schwartz, 2009; Cameron, de Boer, Fensch, & Adams, 2003; Korz and Tissue, 1993; Lyons, Terry, Martinovich, Peterson, & Bouska, 2001)

EDUCATION AS A COMPONENT OF TREATMENT

- Education is seldom considered when entering residential treatment
 - Delinquency
 - Administrator role

- The Residential Treatment Center Evaluation Project
 - Administrator role perception
 - Lack of planning
 - Local agencies uncooperative
 - Lacking education plans
 - Accreditation issues
 - Youth not included in the process

(Frensch et al, 2009; Gagnon, Van Loan & Barber, 2010; Pavkov, Negash, Lourie, & Hug, 2010)

Research also supports that the educational needs of students are often not included in the initial assessment of students when being considered for admission to a residential treatment program.

One study found that adolescents with delinquent behaviors at admission to a residential treatment program were almost four times more likely to not be in school at follow up. In fact, over half of the adolescents over the age of 16 were not in school at the 12-month follow-up of discharge from the program.

In a survey of 148 principals of a school program for adolescents in residential treatment, 91 indicated the responsibility of their school was to assist students in their work towards obtaining their diploma. However, only 23 stated they thought it was important to help students reintegrate into public schools after discharge.

The Residential Treatment Center Evaluation Project was created to evaluate the services youth received while in a residential treatment facility. Researchers reviewed 80 cases amongst 26 facilities. In regards to education, researchers found several failures in the services provided. They found many residents were not given quality educational services, and that this was due to lack of planning and local agencies being uncooperative. Only 40% of residents had an educational plan, 35% of initial treatment plans did not reflect educational challenges, 26% lacked a current educational assessment, 60% lacked an educational plan, and 59% had collaboration between the local school district and residential treatment facility. Researchers also noted that because some of the facilities were not accredited, youth were not able to receive credit for the gains they made in education while in the facility. Furthermore, researchers noted youth were not included in the process when it came to discussing their educational goals.

(Frensch et al, 2009;

Gagnon, Van Loan & Barber, 2010; Pavkov, Negash, Lourie, & Hug, 2010)

AFTERCARE

- Aftercare is important in preventing relapse
- Only 20-30% of students needing additional support or mental health care are able to access services in the community
- Aftercare services are defined as supports created to protect the gains made during out-of-home care and to prevent the need for additional out-of-home placements or a continuation of skills learned in treatment

(Grothaus, 2013; Guterman, Hodge, Blythe, & Bronson, 1989; Hair, 2005)

Planning aftercare services for adolescents leaving a residential treatment facility is important in preventing relapse and encouraging continuation of skills learned in treatment.

However, only 20-30% of students needing additional support or mental health care are able to access services in the community.

Aftercare services are defined as supports created to protect the gains made during out-of-home care and to prevent the need for additional out-of-home placements (or a continuation of skills learned in treatment).

(Grothaus, 2013; Guterman, Hodge, Blythe, & Bronson, 1989; Hair, 2005)

IMPORTANCE OF AFTERCARE

- Youth may be three to five more times likely to stay in their home and school after receiving aftercare supports compared to youth that did not receive supports
- Adolescents that participate in a year long program designed to help them transition home to their families are likely to have less adjustment problems than those who do not

(Lee et al., 2013; Trout et al., 2013)

Results from one study of an aftercare model that provided support following departure from treatment found youth were three to five times more likely to stay in their home and school after receiving aftercare support compared to youth that did not receive aftercare services.

Hwang et al. (2013) conducted a study that showed adolescents who participated in a year-long program that was designed to help them transition home to their families were less likely to have adjustment problems than those who did not go through the program.

(Lee et al., 2013; Trout et al., 2013)

AFTERCARE IN PREVENTING SUBSTANCE ABUSE RELAPSE IN ADULTS

- Individuals that participate in aftercare have longer time between relapses and are less likely to be readmitted to a treatment facility
- Longer engagement in treatment and higher satisfaction with treatment process were associated with lower levels of substance use at the 6-month follow-up
- Another study found engagement in continuing care was the most important predictor of abstinence overall

(Arbour, S., Hambley, J., & Ho, V.: 2011; Moos & Moos, 2004; Sannibale et al., 2003; Schaefer, Conkite, & Hu, 2011)

Literature on the importance of aftercare for adults who have completed inpatient treatment for substance abuse also shows the importance of continuing care after leaving the program.

Research shows that individuals that participate in aftercare have longer time between relapses and are less likely to be readmitted to a treatment facility.

One study looked at factors associated with greater aftercare participation for 367 adults who completed inpatient treatment for substance abuse between 2004 and 2007. This study showed that the longer participants engaged in treatment and the satisfaction they had with the treatment process were associated with lower levels of substance use at the 6-month follow-up.

In another study, Schaefer, Conkite, and Hu (2011) recruited 10 residential and 18 intensive outpatient Department of Veterans Affairs treatment programs with differing continuing care practices. The sample of 865 individuals involved in the study was divided into four subgroups. Two subgroups were based on psychiatric severity and two were based on patients' self reported substance use. The subgroups were created to see if these factors effected engagement in continuing care and abstinence outcomes.

Schaefer et al. (2011) found that engagement in continuing care was the most important predictor of abstinence overall. The odds of abstinence increased 20% with each additional month of continuing care services and when staff implemented continuing care practices, patients participated in continuing care for a longer period of time.

(Arbour, S., Hambley, J., & Ho, V.: 2011; Moos & Moos, 2004;

Sannibale et al., 2003; Schaefer, Conkite, & Hu, 2011)

AFTERCARE MODELS

- **On The Way Out Program:**
 - Designed to address the transition needs of youth reintegrating into the home and community school settings following out-of-home treatment
- **Lee et al., 2013 Program:**
 - Identify adolescents needs and strengths
 - Working with other agencies and accessing resources
 - Finding supportive adult role models
 - Identify barriers
- **Family Involvement is important**
- **Programs could be designed to include more spontaneity**
- **Students should be actively involved in every decision made through their time in care**

(Hess, Bjorkland, Preece, & Mulitalo, 2012; Lee et al., 2013; McCallion, 2015; Ringle, Thompson, & Way, 2015)

The On The Way Out program was designed to address the transition needs of youth (grades 8-12) reintegrating into the home and community school settings following out-of-home treatment. In this study, 88 youth participated- 41 were in the control group and received the facilities traditional aftercare services. This included a departure planning meeting to review youth progress and concerns, working with the agency school and community school to release important documents, and the information for a free hotline designed to provide information on resources and ongoing crisis support. Those in the treatment group were assigned a family consultant and received up to 12 months of On The Way Out services. These services were created by integrating three interventions; Check and Connect, which is a dropout prevention program that is designed to check behaviors and facilitate communication between students, teachers, and parents, Common Sense Parenting, which is a program to improve family functioning through parent training, and a homework support strategy that aims to assist students in creating a workable schedule, environment, and access to other necessities as needed. Those in the treatment group were three times more likely to stay in school than the control group.

Aspects of the program described by Lee et al. (2013) included identifying the adolescents needs and strengths, engaging other public systems in anticipating transition services, and working with families and other supportive adults in the adolescent's life. An initial meeting takes place to identify an adolescent's fit for reunification with their family. If they are not currently a fit, subsequent meetings are followed to identify barriers and brainstorm ways to overcome those barriers. Once an adolescent is eligible for placement with family or in a less restrictive setting, families work with professionals from the facility to develop a transition plan that includes how to access and utilize community resources (Lee et al., 2013).

Ringle, Thompson, and Way (2015) also identified family involvement as an important factor in aftercare services. Their approach combined out-of-home residential care with aftercare services. In their study there were 89 participants ages 10-18 that participated in a behavioral-focused residential program and family based in-home aftercare services. The residential program was a community-based, family style residential program, staffed by a married couple who cares for six to eight youth at a time in a family home. They focused on teaching positive interactions with peers and adults, specified motivation systems for managing positive and negative consequences, relationship building, self-control, self-government and moral and spiritual development. At intake to the program an in-home family consultant conducted a family assessment and began engaging families. Parents were asked to complete the Child Behavior Checklist, Alabama Parenting Questionnaire, and Peer Involvement Questionnaire. Youth and their families also had an opportunity to participate in a 12 month follow up interview. Two months prior to discharge families and youth worked together to form their reunification plan. The plan was specific to their family and continued for three months post-discharge. Results from this study showed that youth displayed decreased behavior problems and families practiced improved parenting skills after discharge. It was reported youth engaged in more positive interactions with peers. At 12 months post-discharge these youth had a high rate of remaining arrest-free, were living in a homelike setting,

and had either graduated or were attending school.

A study conducted in Calgary, Alberta outlined the stories of four young adults transitioning out of a residential treatment facility for 16-22 year olds into a less structured setting (McCallion, 2015). Participants revealed multiple placements and challenged residential treatment practices. However, their stories also illustrate positive growth and showed they had taken time to participate in activities that were meaningful to them and hoped to pursue careers in the helping fields. The author suggests that incorporating youth ideas into practice recommendations is a key element for future success in understanding how to leave residential treatment. Programs could be designed to include more spontaneity and emergence and that youth should be actively involved in every decision made through their time in care. This allows them to negotiate some of their own experience. In an effort to better understand the transition process from residential treatment to home, Hess, Bjorkland, Preece, and Mulitalo (2012) conducted 38 phone interviews across 17 different families that had experienced especially effective transitions. Through their interviews they identified 8 major themes that increased youth success after leaving residential care. The 8 themes are: having confidence in the groundwork that is already in place; being mindful of the tangible consequences of expectations, for better or worse—beginning with heavy anticipation and fear that one's child will deteriorate again, and on the positive end of expectations, fostering a new and deepened level of trust between parent and child, being realistic about the threats of the surrounding culture and society, settling on an accountability structure that works for one's family, cultivating an enriching atmosphere at home, showing willingness to make personal adjustments as parents; and holding out hope for a struggling youth to embrace again lessons learned in treatment.

(Hess, Bjorkland, Preece, and Mulitalo, 2012; Lee et al., 2013; McCallion, 2015; Ringle, Thompson, & Way, 2015)

BARRIERS TO AFTERCARE

- Continuity of the school experience may be one area adolescents may experience difficulty transitioning
- Nickerson et al. study
 - A majority of parents reported that better coordination between treatment center and home school would be helpful
- One study aimed to discover caregiver and youth opinions of the transition and reunification process. Barriers found were grouped into three categories: system barriers, program-level barriers, and case-level barriers

(Maddet et al., 2012, Nickerson et al., 2007)

Continuing care after residential treatment is important to aid adolescents as they transition to less restrictive settings.

Upon discharge from treatment they are expected to reintegrate into less restrictive settings and back into schools while also trying to retain the gains they made during treatment.

However, there are often barriers to reintegration and aftercare.

In a study conducted by Nickerson et al. (2007) structured interviews were conducted with 63 individuals in a residential treatment center; 21 staff members, 21 parents or guardians, and 20 adolescents in the treatment program. Only 40 percent of staff members indicated they help adolescents keep in contact with people from schools to which they will be returning. Less than half of parents and adolescents also stated that staff kept them in contact with the home school or provided information on community resources. A majority of parents reported that better coordination between treatment center and home school would be helpful. This may include visiting home school before transition and aligning the curriculum between the two schools.

Another study evaluated a pilot program designed to unify children and adolescents in therapeutic foster care or residential treatment with mental and behavioral needs with their family in the community. This study aimed to discover caregiver and youth opinions of the transition and reunification process. Participants included 6 youth, 6 caregivers, and 11 caseworkers and pilot program staff. A total of 31 interviews were completed, with youth and caregivers interviewed 3 months and 6 months post-reunification. Results revealed youth and caregivers experienced several barriers during the reunification process. Barriers were grouped into three categories: system barriers, program-level barriers, and case-level barriers. System barriers included communication of the pilot program staff to the staff at residential treatment centers (RTC), finding well qualified service providers, and facilitating pre-unification contact. RTC staff were reluctant to give exact discharge dates or consider less traditional methods when discharging youth from residential care. Program level barriers included collaboration between caseworkers and pilot program staff and cultural competency. Case worker work loads were often high and they tended to spend more time on the case once the youth was accepted into a program or did not understand their role during planning of after youth were reunified. Case level barriers included youth behaviors and caregiver ambivalence, assessing readiness for reunification, preparation for reunification, logistical issues, and financial insecurity.

(Maddet et al., 2012, Nickerson et al., 2007)

PILOT STUDY

- Three students currently in residential treatment at the Boys and Girls Home of Alaska were interviewed
- Interview questions were designed to:
 - Ascertain the obstacles these students perceived in transitioning from school in the facility to their home school
 - Fears and worries associated with the transition
 - What they believe would aid them in a successful transition
 - Their definition of a successful transition in relation to education

There is a gap in knowledge concerning the adolescent experience of school in residential treatment and their perspectives on supports to help them make a successful transition to their next school. To bridge this gap I conducted a small pilot study that included interviews with three students currently enrolled in school at the Boys and Girls Home of Alaska. Participants included two males and one female.

INTERVIEW QUESTIONS

1. What is your birth date? ____ / ____ / ____
2. What gender are you?
3. How is school at the Boys and Girls Home of Alaska the same as your last school?
4. How is school at the Boys and Girls Home of Alaska different from your last school?
5. Do you think about going to a new/your previous school?
6. Do you have concerns about leaving school at the Boys and Girls Home of Alaska and entering your next school?
7. Are you looking forward to leaving school at the Boys and Girls Home of Alaska and entering a new school? What are you looking forward to?
8. What has school at the Boys and Girls Home of Alaska done to get you ready to go back to a new/your previous school?
9. What could the school staff (teachers, teacher aids, principal, administrative assistant) do to prepare you to transition to a new school?
10. What do you think could help you enter a new/your previous school after the Boys and Girls Home of Alaska?
11. Do you think you have learned what you need to learn to enter a new/your previous school?
12. Do you think you are ready to leave school at the Boys and Girls Home and enter a new/your previous school?
13. How will you know if you were successful at your next school?

On this slide you will find the interview questions participants were asked.

These questions were chosen to fill in gaps in the literature on the adolescent experience of school in a residential treatment center and their perspectives on supports to help them make a successful transition.

ALEX

- Classes are similar
- Easier than “regular” school
- Thinks about going to next school
- Has concerns about being organized
- Not looking forward to leaving school and Boys and Girls Home
- Wants to get his credits up
- Boys and Girls home has helped him with classes
- Would like for school to be more formal with regular classes and transitions
- Believes he has learned what he needs to learn to transition to next school
- Successful= keeping grades up and moving forward

All participants were given a pseudonym to protect their confidentiality. Alex was 17 years old at the time of the interview.

JOHN

- Length of time spent working is similar
- School is work at your own pace, courses are not as detailed, do not get to select own courses, everything is somewhat laid out already, less interaction with teachers
- Thinks about going to his next school
- No coordination between schools
- Looking forward to having his own locker and personal area, being in a classroom and getting help from a teacher knowledgeable on subject, working in teams and pairs
- School at Boys and Girls home has kept him on track but do not prepare students well enough
- Will be talking with school counselor when he gets to next school
- School staff need to get courses that correspond and set a limit to have break period
- Would like more correspondence between schools and more structure
- Ready to transition, but the school at Boys and Girls Home has not helped
- Academically ready to transition but has therapeutic limitations
- Would like to transfer at the beginning of a semester to be on track with other students
- Successfull= achieving grades that are acceptable (minimum 3.0 GPA)

John was a male participant. He was 15 years old at the time of the interview.

AMY

- Classes are similar
- Independent work out of textbook
- Thinks about going to next school
- No concerns about leaving
- Looking forward to going to next school to see friends and working with teachers, passing periods, and being taught by a teacher
- Teachers have supported her in getting work done
- Concerns about getting help from teacher, might need a tutor
- Before school at Boys and Girls Home she was not turning in work. School at Boys and Girls Home has helped her see school is not that bad and she should just do her work
- Successful= good grades, involvement in extra curricular activities, sports, and getting along well with everyone

Amy was a female participant. She was 15 years old at the time of the interview.

INTERVIEW SUMMARIES

- All three noted classes are similar
- All three noted they think about going to their next school
- All three noted they have learned what they need to learn
- All three determined success by getting good grades
- School is easier and work at our own pace
- They have been helped with classes, staying on track, teacher support
- To prepare school could be more formal and like regular classes, break periods, correspondence courses, structure, tutor

INTERVIEW SUMMARIES CONT.

- Two participants had concerns= being organized, courses not being aligned, and no correspondence between schools
- Two participants looking forward to next school
- Two participants said they were ready to leave school at Boys and Girls Home
- All three students defined success in regards to getting good grades
- No participant discussed or mentioned their mental health, living situation, or involvement with their parent, families, or caregivers in their responses
- **Positive Illusionary Bias (PIB)**
 - Individuals tend to overestimate their abilities

(Casey et al., 2010)

When asked about success in their next school, all three students defined success as getting good grades, although one participant also added being involved in extra-curricular activities, sports, and getting along with everyone to their definition of success. In their responses, no participant discussed or mentioned their mental health, living situation, or involvement with their parent, families, or caregivers in their responses. This may be because they genuinely do not have these concerns, or because they are overestimating their abilities to transition back into their next school. This perception is known as positive illusionary bias (PIB) in which individuals tend to overestimate their abilities.

(Casey et al., 2010)

CULTURAL AND ENVIRONMENT CONSIDERATIONS

- Participants to return to schools
- Other students may live in less populated areas or villages
- Varying resources and quality of services in rural areas

All three participants in this study would be returning to large public schools. However, other students attending residential treatment, including those at the Boys and Girls Home of Alaska, may live in less populated areas or rural villages.

A student returning to a large public school may have a much different set of resources and experiences than a student returning to a small rural school. Smaller schools may not have the resources a larger school has. For example, some schools do not have a counselor on site every day of the week. In rural areas, counselors may be assigned to several schools. Furthermore, rural settings may not have quality or consistent mental health services.

WHAT NOW?

- Include students in transition process
- Help students understand changes
- Families and other individuals should offer support and guidance

Aftercare supports should:

- Engage student
- Involve communication of all important figures
- Address various systems within an adolescents life
- Address fears and perceived obstacles

The educational needs of adolescents needs to be considered when they are being placed for treatment, throughout their time in the program, and during their transition back to traditional school settings.

Student perspectives can help staff at residential treatment create education programs that better align with student's community school. Student perspectives can help community school staff work with students on their needs to be successful in their education. Student perspectives can help students control some aspect of their treatment. However, for adolescents, this will require the communication and cooperation of all the adults in their lives. This will include parents, case workers, community schools, residential schools, teachers, and therapists.

CLOSING

- Thank you for attending today!
- Question and Answer Period



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